Operational Risk Management Assessment Form

Ground Operations

Date _____

Ground Team Leader Name _____

Mission number _____

Sortie number _____

Vehicle ID number _____

Crews, please review this form regarding your ORM status.

----------------------Safety Officer complete form below this line.-------------------------------

Human Factors	OK	No Go
Ground Team Leader's Experience Adequate?		
Ground Team Mission Experience Adequate?		
Team complement sufficient for mission?		
Team Rested and Healthy?		
Equipment Factors	**OK**	**No Go**
Vehicle mechanically operational?		
Communications gear operational?		
Equipment appropriate to mission on board?		
Environmental Factors	**OK**	**No Go**
Crew appropriately clothed for mission?		
Weather suitable for mission?		
Vehicle suitable for mission terrain?		
Other factors OK? (Fog, Freezing Rain)		

I have reviewed the above items with the mission crew and authorize vehicle release.

_____
Safety Officer's Signature